

jeanie Johnson )  
Plaintiff )  
)  
v. )  
US DEPT. URBAN Housing )  
development DeKalB Mayor )  
Defendant ~~DeKalB Mayor~~ )

United States District Court  
Northern District of Illinois

**RECEIVED**

FEB 06 2020

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**COMPLAINT**

**1:20-cv-00865**  
**Judge Thomas M. Durkin**  
**Magistrate Judge Young B. Kim**

jeanie Johnson

2-6-20

## 1. COMPLAINT

HELLO I'M JEINIE JOHNSON I FIRST CAME IN CONTACT WITH DEKALB CO. HOUSING AUTHORITY OCT.28.2019 COMPLETING A ONLINE HOUSING APPLICATION APPLYING FOR SECTION 8 HOUSING I'M ALSO A 54 YEAR OLD WOMAN WITH DISABILITY AND I RECEIVE SOCIAL SECURITY DISABILITY SO I APPLY AND GOT A QUICK RESPOND BACK FROM THE DEKALB HOUSING IN DEKALB IL. THIS OFFICE BY EMAIL AND US MAIL TO ATTEND A CLASS FOR ELGIBILITY THIS WAS IN NOV YOU COULD PICK A DATE YOU CAN ATTEND BECAUSE THEY WAS HAVING ABOUT 5 CLASSES SO I PICK 12/02/2019 BECAUSE 11/22/19 I HAD TO HAVE ANOTHER SHOLUDER SURGERY SO I HAD ATTENDED THE CLASS THEY ASK YOU TO BRING PROOF OF A NUMBER OF THINGS BIRTH CERTIFICATE SOCIAL SECURITY CARD PROOF OF RESIDINCEY A LEASE OR 3 PIECES OF CREDIBLE MAIL I DID THEY EXCEPT ALL OF MY PAPER WORK I LEFT NOTHIN OUT AND SIGN FOR A BACKGROUND CHECK AND THEY KNEW AND UNDERSTOOD I'M HOMELESS WHEN I FILED F THE APPICATION IN OCT 28/2019 DEC 9<sup>TH</sup> I WAS DENIED HOUSING BECAUSE OF A BACKGROWN CHECK THIS CRIME TOOK PLACE 2010 SEP 20 BOONE CO IL IT WAS A RETAIL THEFT SO I LOOK UP FEDRAL GOV GUIDE LINE AND LAW'S AND PRINTED THE NEW HAND BOOK FROM HUD OUT DELIVERD ONE TO THE DEKALB HOUSE SO WE CAN ALL BE ON THE SAME PAGE THE HANDBOOK WAS MADE BY THEM THE DEPT URBAND HOUSING NOV/2019 I READ YOU CAN ONLY BE DENIED HOUSING FOR THESE I CRIME AND THE HOUSING AUTHORITY AND ONLY GO BACK 10 YEARS UNLESS YOU'RE A LIFE TIME SEX OFFENDER WITH IT BEING DRUG ABUSE ILLEGAL USE OF A CONTROLLED SUBSTANCE. ALCOHOL ABUSE EVICTION . FORM FEDRAL HOUSING WITHEN THE LAST 3 YEARS MANUFACTURE OF METHAMPHETAMINE JEINIE JOHNSON HAS NONE OF THESE CRIMES ON MY RECORD SO I ASK FOR IMFORMAL HEARING WITH THE HOUSE AUTHRITY SO THEY OVERTURN MY DENIAL BECAUSE OF THE LENGTH OF TIME THE LAST ARREST WAS 10 YEAR AGO AND HUD ALLOWS SOME HOUSING AUTHORITY TO DO 5-10 YEARS BACK ONLY SO IT WAS OVERTURNED AFTER I WENT DOWN TOWN TO COMPLANE AT THE U.S.DEPOT OF URBAN HOUSING DEVEOPMENT I SPOKE WITH MRS. LILIAN LEWIS ABOUT WHAT I WAS GOING THROUGH SO I HAD TO WAIT 10 DAYS FOR THEM TO GET BACK TO ME AND TO RECEIVE MY HOUSING CHOICE VOUCHER FOR THE SECTION 8 PROGRAM SO I WOULD NOT HAVE TO BE HOMLESS AND SLEEPING ON MY FRIEND COUCH SO TEN DAYS WENT BY I GOT NOTHING SO I CALL AND SPOKE WITH JENNIFER YOUCHEM.SHE WAS NOT VERY NICE SHE TOLD ME I JUST HAVE TO WAIT SO I DID THEN I GOT AN EMAIL BECAUSE THAT HOW WE WAS COMMUNICATING AND SHE SAID THAT THIS PROBLEM WAS OVERTURNED AND I WAS RETURN BACK TO THE WAITING LIST AND I WONT RECEIVING A VOUCHER BECAUSE THEY GOT THE VERY FRIST LETTER THAT THEY SENT OUT TO ME IT WAS RETURN. NOW THIS LETTER WENT OUT IN NOV TELLING ME ABOUT THE CLASS IT WAS RETURN BUT I HAVE RECEIVE OTHER MAIL FROM NOV.25<sup>TH</sup> 2019 NOW I GOT THE LETTER FROM I WAS DENIED HOUSING WITH NO PROBLEM AND TOLD THEM ITS NOT THE FIRST TIME MY MAIL WAS RETURNED BUT I HAVE OTHER MAIL YOU ALL SENT TO ME JENNIFER YOUCHEM,TOLD ME WELL YOU BACK ON THE WAITING LIST BECAUSE WE CANT VERIFY YOUR MAILING ADDRESS I JENIE JOHNSON SAID BUT I GOT YOUR OTHER MAIL YOU ALL HAVE THE SAME ADDRESS ON MY STATE I.D.CARD AND THE SAME ADDRESS ON MY STATE FOOD STAMP LETTER THE SAME ADDRESS ON MY SOCIAL SECURITY VERIFYING LETTER JENNIFER YOUCHEM TOLD ME WE DON'T CARE ABOUT THAT YOUR BACK ON THE WAITING LIST SO NOW IM FEELING SOME TYPE OF WAY WE TRIED TO CALL THE APARMENT LAND LORD AND SHE CANT

VERIFY YOU LIVE THERE SO BACK ON THE LIST YOU GO SO NOW IM CONFUSED SO I TRIED TO CALL VIVIAN BRIGHT THE HEAD ADMINISTRATOR

I TRIED FOR 3 DAYS SHE WOULD NEVER RETURN MY CALL IM CALLING BECAUSE I NEVER SAID I WAS RENTING ANYTHING I HAVE NO LAND LORD YOU SAID A LEASE OR 3 PIECES OF MAIL I DID GIVE HER STATE AND GOV MAIL WE DON'T CARE THE LAND LORD HAVE TO ACKNOWLEDGE YOU BEING THERE AND SHE DON'T KNOW YOU I SAID I TOLD YOU IM HOMLESS THIS IS NOT MY APARTMENT IM SLEEPIN ON SOMEONES COUCH YEAH SHE SAID AND YOU NEED TO LEAVE THAT PLACE WHERE YOU ARE. YOUR GOING TO GET YOUR FRIEND IN TROUBLE SAYING THERE WE CALLED THE LAND LORD YOU NEED TO LEAVE .SO NOW IM FEELING HURT COMING TO TERMS THESE PEOLE DON'T WANT TO HELP ME I NEVER BEEN TREATED THIS WAY WELL JUDEG HERE IS WHY IT HURT

#1 SOMEONE I WENT TO FOR HELP REALLY SHOWED ME THAT THEY DON'T WANT TO HELP ME AT ALL THEY ARE TRYING TO HURT ME IT SEEMS LIKE TO ME NOW WHERE WOULD I GO IM NOT ON MY FRIENDS LEASE AND YOU ALL CALLED AND TOLD THE LAND LORD SHE WAS HELPING ME ITS COLD OUT SIDE AND THE SHELTER ARE FULL I WAS HURT AND CONFUSED AGAIN

#2 THE FEDERAL GUIDE LINE HAND BOOK STATE THE PERSON THAT DENIED YOU . YOUR VOUCHER IS NOT TO BE IN THE ROOM WITH THE HEARING IS GOING ON WELL I WALK IN AND HERE WAS JENNIFER YOCHEM WITH MRS VIVIAN BRIGHT SO NOW AGAIN IM FEELING SOME TYPE OF WAY

#3 IS WHEN I GAVE ALL THE PAPER WORK AT THE CLASS AFTER THE CLASS DIANN CARR WAS HAVING A ONE ON ONE WITH ME TO RECEIVE THE MAIL STATE I.D. AND OTHER THINGS I WENT TO SAY SOMETHING SHE TOLD ME IM NOT HERE TO HEAR YOUR STORY JUST GIVE ME THE PAPER WORK I WAS TRYING TO TELL HER SOMETHING I THOUGHT WAS IMPORTANT I JUST WAS LIKE WOW!!!!!! SO I NEVER SAID ANYTHING ELSE

THEN I GOT DENIED IN AN EMAIL AND US.MAIL DEC 9<sup>TH</sup> 2019 FROM HOUSING AUTHORY OF DEKALB CO. ILLINOIS THAT HAD NOTHEN TO DO WITH ANY LAWS THAT THE U.S DEPT OF URBAN /HOUSING INFORCE I WAS ASK TO SIGN A CRIMINAL BACKGROUND CHECK THAT'S WHAT I DID I NEVER GAVE THEM PERMISSION OR SIGNED ANY THING FOR THEM TO CALL MY FRIENDS LAND LORD AND ITS ANGINST THE HIPPA LAW FOR ANYONE TO GIVE OR ASK FOR INFORMATION ON ANYONE IN THE UNITED STATE OF AMERICA WITH OUT A WRITTEN CONSENT. OF THE PERSON THAT THEY ARE ASKING ABOUT IF I HAD A LAND LORD AND THEY WONT ACCEPT MY RESIDENT IM FEELING DISLIKED AND OVERWHELM ABOUT THIS WHOLE THING SO IM ASKING THE FEDRAL COURT FOR HELP WITH MY RIGHTS. AS A CITIZEN OF THE UNIED STATES OF AMERICA HELP ME GET MY HOUSING VOUCHER RELEASED PLEASE I'V TALK WITH OTHER HOUSING AUTHORITIES THEY ARE TELLING ME IT DON'T SOUND RIGHT ITS NOT WRITTEN ANY WHERE IN THE UNITED STATE OF AMERICA OR THE FEDERAL GOVERNMENT HOUSING HAND BOOK THAT YOU HAVE TO BE ON A LEASE OR A MORTGAGE DEED TO PROVE THAT YOU HAVE RESIDENCY AND THAT ANY ADDRESS SO THAT'S WHAT IM ASKING THE COURT FOR IS HELP

I

1/23/2020

Gmail - Your USPS Service Request #06089476 Has Been Resolved! [ ref:\_00Dj0GyYH.\_500t0R7r1Z:ref ]



jeanie johnson <1965newjack@gmail.com>

Your USPS Service Request #06089476 Has Been Resolved! [ ref:\_00Dj0GyYH.\_500t0R7r1Z:ref ]

1 message

uspscustomersupport@usps.gov <uspscustomersupport@usps.gov>  
To: "1965newjack@gmail.com" <1965newjack@gmail.com>

We



Dear Jeannie Johnson,

This is in response to your inquiry regarding your mail delivery service. I apologize for any inconvenience this may have caused you.

**The carrier for that route knows that Jeannie Johnson is the current resident at 1329 Sycamore Rd. Apt 123, Dekalb IL, 60115. We are looking into the reason some of her mail has been returned.**

Thank you for allowing us the opportunity to respond. If you have any questions, please contact me at the telephone number below.

Sincerely,

BRIAN NELSON

Delivery Supervisor  
Dekalb IL, 60115  
815-758-6677

\*\*\*\*\*

Your privacy is important to us. If you would like additional information on our privacy policy, please visit us online at: [www.usps.com](http://www.usps.com).

ref:\_00Dj0GyYH.\_500t0R7r1Z:ref

SOCIAL SECURITY ADMINISTRATION

Date: January 23, 2020  
BNC#: 20BC197K80052  
REF: A ,DI

JEINIE JOHNSON  
APT 123  
1329 SYCAMORE RD  
DEKALB IL 60115-2465

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2020, the current Supplemental Security Income payment is.....\$ 783.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is August 1, 1965.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

SUSPECT SOCIAL SECURITY FRAUD?

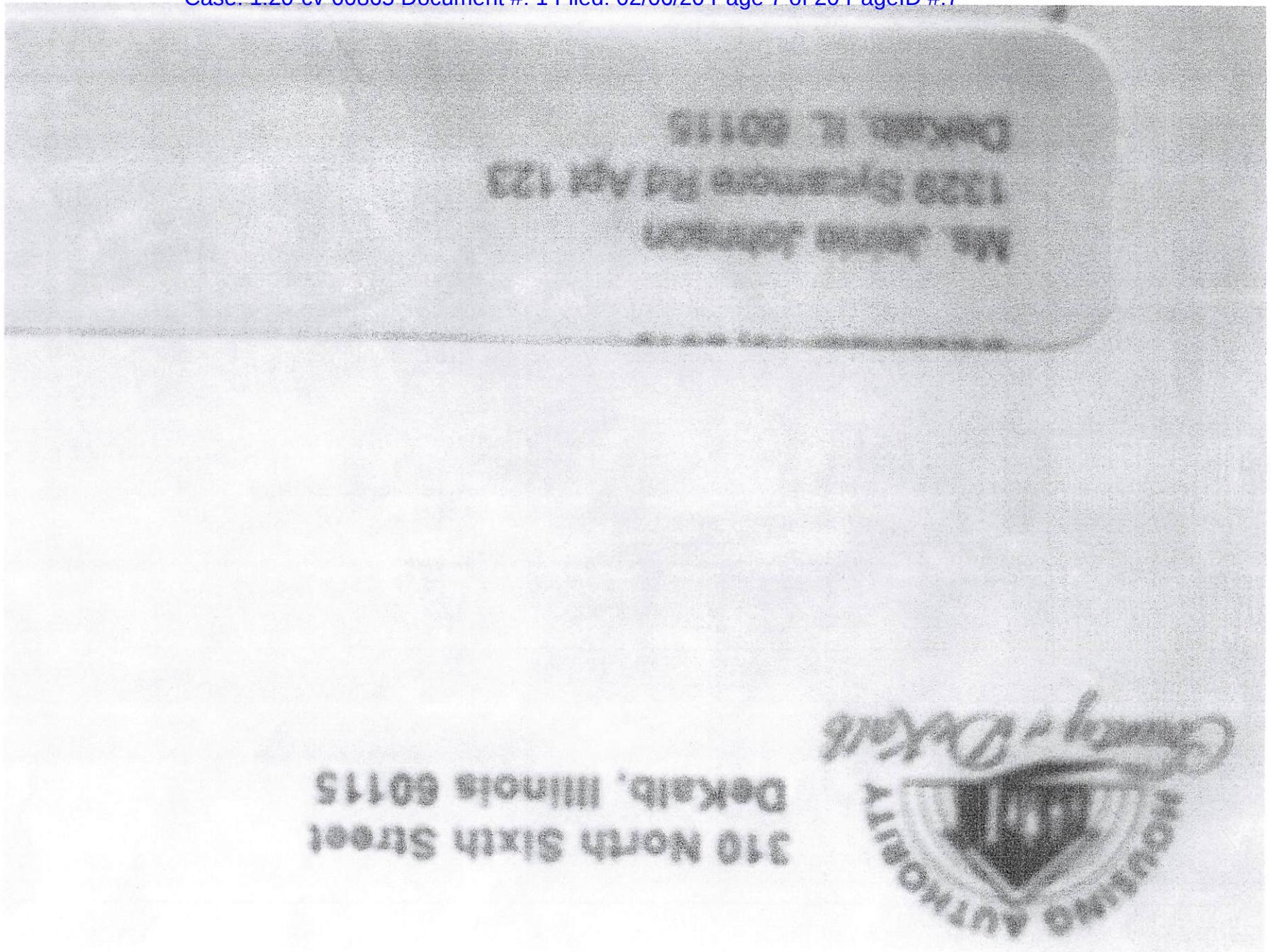
Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Attorney:

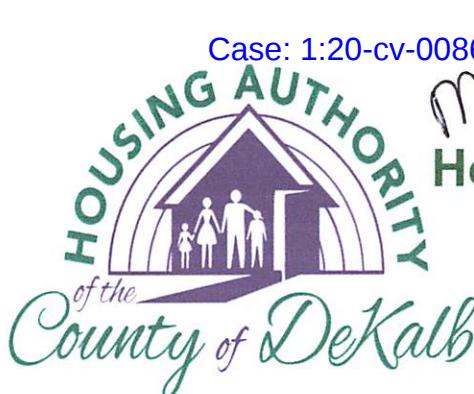
On December the 9th 2019, from the business  
Diane Johnson on the phone I received  
I need the hearing to clarify myself.  
In Disbursed And Homeless.

REC'D BY DEPT OF STATE DEC 10 2019  
630-424-5087  
12-10-19  
from Johnson

310 North Sixth Street  
DeKalb, Illinois 60115







## Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

[www.dekcohousing.com](http://www.dekcohousing.com)

### RESULTS OF INFORMAL REVIEW FOR APPLICANT DISPUTE WITH DENIAL

MS JEINIE JOHNSON  
*SENT VIA EMAIL*

Date of Informal Review: December 23, 2019

Hearing Officer: Vivian Bright

Name(s) of All Other Persons Present at Informal Review:

Representing Applicant: Terry Johnson

Representing HACD: Jennifer Yochem, Admissions Manager

#### Reason(s) for Denial:

We are responsible for screening family behavior and suitability for tenancy. In doing so we will consider an applicant's history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. HUD permits, but does not require us to deny our assistance to an applicant for *criminal activity* that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents or person residing in the immediate vicinity [24 CFR 982.553].

Specifically, in your case we found:

FELONY	RETAIL THEFT/DISPLAY MERCH/>\$150	GUILTY	SEPTEMBER 20, 2010
	<ul style="list-style-type: none"> <li><input type="radio"/> Case #2010CF388           <ul style="list-style-type: none"> <li>Dept of Corrections - 4 years</li> <li>Credit for time served – 69 days</li> </ul> </li> </ul>		Boone County, IL

Was the subject of a criminal record and the applicant provided with copies of information relied upon in making decision?  Yes       No       Not Applicable      Subpoenaed but not received at time of meeting

Were Reasonable Accommodations requested by applicant for the review?       Yes       No

Were Reasonable Accommodations provided?       Yes       No       Not Applicable



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER





jeenie johnson &lt;1965newjack@gmail.com&gt;

## Housing Choice Voucher Eligibility Class Notice

4 messages

Jennifer Yochem <jyochem@dekcohousing.com>  
To: Jennifer Yochem <jyochem@dekcohousing.com>  
Cc: Diana Carr <dcarr@dekcohousing.com>

Wed, Nov 6, 2019 at 2:23 PM

The Housing Authority of the County of DeKalb would like to invite you an Eligibility Class for the Housing Choice Voucher (HCV) Program. This process is a necessary step in the application process to determine your eligibility for future housing assistance. Please read and immediately respond to the instructions below.

**What you must do (before November 21, 2019 – do not wait until the last minute):**

You must call the Admission's Team by **November 21, 2019** to reserve your seat. Applicants have four (4) dates and times to choose to attend the Eligibility Class.

- Last names starting with A thru L must call 815-758-2692 X 128
  - Friday November 22, 2019 2:00 PM – 4:30 PM
  - Monday November 25, 2019 10:00 AM – 12:00 PM
  - Tuesday November 26, 2019 2:00 PM – 4:30 PM
  - Monday December 2, 2019 10:00 AM – 12:00 PM
- Last names starting with M thru Z must call 815-758-2692 x 129
  - Tuesday December 3, 2019 10:00 AM – 12:00 PM
  - Thursday December 5, 2019 2:00 PM – 4:30 PM
  - Friday December 6, 2019 2:00 PM – 4:30 PM
  - Tuesday December 11, 2019 10:00 AM – 12:00 PM

Please arrive 15 minutes early for check in. If you arrive late, we reserve the right to turn you away. The meeting will be held at 310 N 6<sup>th</sup> Street DeKalb, IL. All household members 18 years of age and older must attend. The meeting will last approximately two (2) hours.

*Please make other arrangements for small children.*

This Eligibility Class does not mean you will receive a Housing Choice Voucher. This is one step necessary in the application process. Applicants must be determined eligible.

**What you need to know:**

1. It is your responsibility to bring all required ORIGINAL documentation to the formal interview as listed on the last page of this letter.
2. A criminal background check will be performed on all household members 18 years of age or older. HACD may conduct an eligibility review in the event we find a criminal background.



jeenie johnson &lt;1965newjack@gmail.com&gt;

## Informal Review Meeting Notice

2 messages

Jennifer Yochem <jyochem@dekcohousing.com>  
To: "1965newjack@gmail.com" <1965newjack@gmail.com>

Mon, Dec 16, 2019 at 11:17 AM

December 16, 2019

Ms. Jeenie Johnson

1329 Sycamore Rd Apt 123  
DeKalb, IL 60115

Dear Ms. Johnson:

Per your request, the Housing Authority of the County of DeKalb has agreed to your request for an informal review. Your informal hearing has been scheduled as follows:

Monday December 23, 2019 at 3:00 PM

**Housing Authority of the County of DeKalb**  
310 N Sixth Street  
DeKalb, IL 60115

*As a Reasonable Accommodation, the Informal Review can be conducted via telephone. Please contact the Housing Authority if this an accommodation you would like or need.*

You have the right to provide evidence, witnesses, legal or other representation at your expense.

You also have the right to view any documents or evidence in the possession of the PHA upon which the PHA based the proposed action and, at your expense, obtain a copy of such documents prior to the hearing. If you request for such documents, you must come into the office to receive the copies which are twenty-five (25) cents per copy.

The PHA requests that copies of any documents or evidence the family will use at the hearing are to be supplied to the PHA.



jeanie johnson &lt;1965newjack@gmail.com&gt;

## Housing Choice Voucher Eligibility Class

1 message

Diana Carr <dcarr@dekcohousing.com>  
To: Jennifer Yochem <jyochem@dekcohousing.com>  
Cc: Katy Kingren <kkkingren@dekcohousing.com>

Mon, Nov 25, 2019 at 1:38 PM

Good Afternoon,

This email is a reminder of your upcoming eligibility class for the Housing Choice Voucher program. The class you chose is Monday, December 2, 2019 from 10:00AM - 12:00PM. Please bring all applicable documents from the checklist that was with your selection letter. All adults in the household will need to attend. Please make other arrangements for minor children.

Thank you,

The Admissions Team

Housing Authority of the County of DeKalb

310 N. 6<sup>th</sup> St.

DeKalb, IL 60115

Phone #815-758-2692

Fax #815-758-4190

- Student Registration for all children ages 18 to 23

#### OTHER

- Birth Certificates of everyone expected to be living in assisted unit
- Proof of DeKalb County residency (lease or 3 pieces of current mail)
- All Social Security Cards
- Divorce Decree
- Student Registration of Head of Household
- Student financial aid documentation & proof of tuition expenses
- Rent Burdened Preference is claimed, current lease or rent receipts and utility bills

1. All household members eighteen (18) years of age or older must be present during interview.
2. Picture I.D. of all household members eighteen (18) years of age and older.
3. A copy of your lease or three (3) pieces of credible mail within the last three months.
4. Social Security Cards of all household members.
5. Birth Certificates for all members of the family.
6. Income, Asset, Allowance verification (six most recent check stubs, 3 months of bank statements as second page for details). This applies to all household members. Please remember to bring in all items on the list which apply to your household.
7. If the Rent Burdened Preference is claimed, current lease or rent receipts and utility bills must be provided at formal interview.

If you or anyone in your family is a person with disabilities and/or you require a specific accommodation to fully utilize our programs and services or, if there is any cause of an unfavorable history, such as the applicant family is or has been a victim of domestic violence, dating violence, sexual assault, please contact the Housing Authority of the County of DeKalb.

Warm Regards,

#### **The Admissions Team**

*The Housing Authority of the County of DeKalb*

810 N 63rd Street

DeKalb, IL 60115

815-758-2692

815-758-4190 Fax



State of Illinois  
Department of Human Services

## **PROOF OF RECEIPT OF PROGRAM BENEFITS**

Date: Jan 23, 2020

Case Number:805265728

Case Name: JOHNSON, JEINIE

Address: 1329 SYCAMORE Road Apartment 123

City, ST., ZIP: DEKALB, Illinois 60115

TO WHOM IT MAY CONCERN:

The following persons are currently receiving certain (means-tested) benefits administered by the Illinois Department of Human Services. Receipt of a (means-tested) benefit is indicated with a (Yes) or (No) for each person listed and shown with the program type, the current benefit receipt month, the date benefits were approved, and the date benefits will end or must be renewed.

MS. OCHOA  
IDHS Employee (Printed Name)

**DUPAGE COUNTY**  
Name of FCRC

1717 PARK  
Address

NAPERVILLE, IL 605  
City, ST., ZIP

ms. clark  
IDHS Employee (Signature)

Jan 23, 2020  
Date



## Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

**PRELIMINARY APPLICATION**[Clear Application Data](#)[Back To Instructions](#)

English ▼

Note: Fields marked with a "\*" are required fields.

THIS APPLICATION IS FOR DEKALB COUNTY ILLINOIS ONLY and must be submitted electronically using this system to create a receipt of application. Paper applications available upon request as a Reasonable Accommodation.

Waiting List\*

Section 8 HCV ▼

**Head of Household****Applicant**

First Name\* jeanie

Middle Initial

Last Name\* johnson

Social Security Number\* 559-41-7843

ex. xxx-xx-xxxx

Date of Birth\* 08/01/1965

ex. mm/dd/yyyy

Sex\*  Female

Male

Disabled\* Yes

No

Home Number (630) 429-5087

ex. (xxx) xxx-xxxx

Mobile Number (630) 429-5087

ex. (xxx) xxx-xxxx

E-mail\* 1965newjack@gmail.com [Free E-mail Account](#)**Ethnicity / Race / Citizenship**Select at least one from either **Race** or **Ethnicity**

Ethnicity\* Hispanic or Latino ▼

Race\* White

 Black/African American

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Citizenship\* Eligible Citizen ▼ [Help](#)

Racial and ethnic data is collected for statistical purposes only.

I agree to receive future E-mail notifications from the Housing Authority. You will still receive your confirmation E-mail if this box is unchecked.

**Household Information****Legal Address**

(Where you currently live)

Address Line 1\* 1329 sycamore rd #123

**Mailing Address (If different from Legal)**  
(Where you currently receive mail)

Address Line 1 homeless

Address Line 2

Address Line 2

City\*

City

State\*

State

ZIP Code\*

ZIP Code

**Household Members**

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. List relationship of each person to the Head of Household.

Full Name	Personal	Disabled	Relationship	Ethnicity / Race / Citizenship
-----------	----------	----------	--------------	--------------------------------

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Annual Income Received from Asset
Checking Accounts	\$ 0	\$ 0
Savings Accounts	\$ 0	\$ 0
Stocks, Bonds, CDs, Investment	\$ 0	\$ 0
Real Estate	\$ 0	\$ 0
Other	\$ 0	\$ 0

### **Eligibility and Preferences**

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

Yes

Will your assisted household consist of two or more persons which includes one or more minor children OR your assisted household will have at least one DISABLED ADULT family member OR at least one adult who will be residing in your assisted household over the age of 62 years?

Will your assisted household have one adult EMPLOYED OR a DISABLED ADULT family member OR at least one adult who will be residing in your assisted household over the age of 62 years?

Are you currently a resident of DeKalb County ILLINOIS OR currently employed in DeKalb County ILLINOIS? Residence and employment must be on a permanent, non-temporary basis.

Are you currently paying more than 50% of your family/household income for rent?

Are you currently residing in A DeKalb County, ILLINOIS Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating DeKalb County, ILLINOIS Continuum of Care agency such as Hope Haven, Safe Passage, Ben Gordon Center etc and have received a written letter of recommendation from that agency, not less than 30 days ago?

### **Supplemental and Optional Contact Information**

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

Add Contact

Check this box if you choose not to provide the contact information.

### **Certification**

Use the fields below to confirm the information entered in the Head of Household section.

Head of Household Social Security Number*	559-41-7843	ex. xxx-xx-xxxx
Head of Household Date of Birth*	08/01/1965	ex. mm/dd/yyyy
Head of Household E-mail*	1965newjack@gmail.com	

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

Continue

Student Registration for all children ages 18 to 23

## OTHER

- Birth Certificates of everyone expected to be living in assisted unit
- Proof of DeKalb County residency (lease or 3 pieces of current mail)
- All Social Security Cards
- Divorce Decree
- Student Registration of Head of Household
- Student financial aid documentation & proof of tuition expenses
- Rent Burdened Preference is claimed, current lease or rent receipts and utility bills must be provided at formal interview

1. All household members eighteen (18) years of age or older must be present during the interview.
2. Picture I.D. of all household members eighteen (18) years of age and older
3. A copy of your lease or three (3) pieces of credible mail within the last three months
4. Social Security Cards of all household members
5. Birth Certificates for all members of the family
6. Income, Asset, Allowance verification (six most recent check stubs, 3 months of bank statements see second page for details). This applies to all household members. Please read the instructions and bring in all items on the list which apply to your household.
7. If the Rent Burdened Preference is claimed, current lease or rent receipts and utility bills must be provided at formal interview

If you or anyone in your family is a person with disabilities and/or you require a specific accommodation to fully utilize our programs and services or, if there is any cause of an unfavorable history, such as the applicant family is or has been a victim of domestic violence, dating violence, sexual assault, please contact the Housing Authority of the County of DeKalb.

Warm Regards,

## **The Admissions Team**

*The Housing Authority of the County of DeKalb*

310 N Sixth Street

DeKalb, IL 60115

815-758-2692

815-758-4190 Fax

jeanie  
johnson

559-41-7843  
08/01/1965  
Female

Yes

## Head

Black/African American  
Eligible Citizen

First Name	Soc. Sec. #	Disabled? <input type="button" value="▼"/>	Relationship <input type="button" value="▼"/>	Ethnicity <input type="button" value="▼"/>
Middle Initial	Date of Birth			
Last Name	Sex <input type="button" value="▼"/>			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
Citizenship <input type="button" value="▼"/>				
First Name	Soc. Sec. #	Disabled? <input type="button" value="▼"/>	Relationship <input type="button" value="▼"/>	Ethnicity <input type="button" value="▼"/>
Middle Initial	Date of Birth			
Last Name	Sex <input type="button" value="▼"/>			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
Citizenship <input type="button" value="▼"/>				
First Name	Soc. Sec. #	Disabled? <input type="button" value="▼"/>	Relationship <input type="button" value="▼"/>	Ethnicity <input type="button" value="▼"/>
Middle Initial	Date of Birth			
Last Name	Sex <input type="button" value="▼"/>			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
Citizenship <input type="button" value="▼"/>				
First Name	Soc. Sec. #	Disabled? <input type="button" value="▼"/>	Relationship <input type="button" value="▼"/>	Ethnicity <input type="button" value="▼"/>
Middle Initial	Date of Birth			
Last Name	Sex <input type="button" value="▼"/>			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
Citizenship <input type="button" value="▼"/>				

## **Family Income and Assets**

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

At least one source of income must be specified. If you do not have any income, select the Head of Household from the "First Name" dropdown, enter 0 for "Gross Income", and select "Yearly" for "How Often".

First Name	Gross Income	How Often	Annual	Name and Address for the Source of Income
* jeanie	*\$ 771	* Monthly	\$9,252	social security administration
	\$		\$0	3112 constitution Dr, springfield il
	\$		\$0	62704
	\$		\$0	
	\$		\$0	
	\$		\$0	
	\$		\$9,252	

Add Row

**Evidence Presented by Applicant to Support Claim of Eligibility/Suitability:**

Ms. Johnson stated she went shopping with Mr. Johnson. She bought over \$300 worth of food with her LINK card at Walmart. After she paid for her groceries, she and Mr. Johnson were asked to go with the security officer. Mr. Johnson took a multitude of items from Walmart without paying for them. Both were arrested. Mr. Johnson stated he was the one who took items from Walmart without paying for them not Ms. Johnson.

The court case went on for several years. Ms. Johnson finally accepted a plea agreement and spent time in prison.

**Results of Informal Review:**

**Applicant was determined eligible and will move forward with housing assistance.**

*Reason:*

- Applicant was determined eligible and reinstated on waiting list with original date and time of application.**

*Reason:*

Based on preponderance of the evidence and length of time since the incident, the Informal Review Officer finds that the information and evidence presented is within her prevue to overturn the initial denial for housing assistance. The Informal Review Officer has determined Ms. Johnson would be viable candidate for the Housing Choice Voucher Program.

Ms. Johnson was selected form the Housing Choice Voucher Waiting List with four (4) preferences; the Family Preference (DISABILITY), the Working Preference (DISABILITY) and the Residency Preference with the original date and time of October 28, 2019 at 11:53 AM. The Admissions Team has tried to verify Ms. Johnson's residency with her current landlord at 1329 Sycamore Rd Apt 123. Admissions was not able to verify Ms. Johnson lives at this address. Mail to Ms. Johnson at this address has been returned to the Housing Authority. The Admissions Team is unable to verify the Residency Preference for Ms. Johnson.

The initial denial of housing assistance has been *overturned*. Ms. Johnson's pre-application has been returned to the with the reduced number of preferences of two (2) and her original date and time of October 28, 2019 at 11:53 AM as an ACTIVE APPLICANT.

- Applicant was denied admission.**

*Reason:*

Signature of HACD Representative

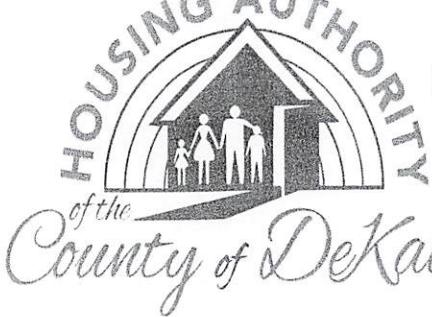


Date 1.7.2020



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER





# Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

[www.dekcohousing.com](http://www.dekcohousing.com)

## RESULTS OF INFORMAL REVIEW FOR APPLICANT DISPUTE WITH DENIAL

MS JEINIE JOHNSON  
*SENT VIA EMAIL*

Date of Informal Review: December 23, 2019

Hearing Officer: Vivian Bright

Name(s) of All Other Persons Present at Informal Review:

Representing Applicant: Terry Johnson

Representing HACD: Jennifer Yochem, Admissions Manager

### Reason(s) for Denial:

We are responsible for screening family behavior and suitability for tenancy. In doing so we will consider an applicant's history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. HUD permits, but does not require us to deny our assistance to an applicant for *criminal activity* that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents or person residing in the immediate vicinity [24 CFR 982.553].

### Specifically, in your case we found:

FELONY	RETAIL THEFT/DISPLAY MERCH/>\$150	GUILTY	SEPTEMBER 20, 2010
	<ul style="list-style-type: none"><li>o Case #2010CF388<ul style="list-style-type: none"><li>▪ Dept of Corrections - 4 years</li><li>• Credit for time served – 69 days</li></ul></li></ul>		Boone County, IL

Was the subject of a criminal record and the applicant provided with copies of information relied upon in making decision?  Yes       No       Not Applicable      Subpoenaed but not received at time of meeting

Were Reasonable Accommodations requested by applicant for the review?       Yes       No

Were Reasonable Accommodations provided?       Yes       No       Not Applicable



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER

